

PARTICIPANT DIRECTED SERVICES EMPLOYER/EMPLOYEE TIMESHEET INSTRUCTIONS

Participants/representatives and employees shall utilize the standardized timesheet provided by DAIL and DBHDID. Consumers/representatives and employees must maintain documentation of services or activities performed, as well as hours worked and submit them according to their case manager agency and/or financial management agency's written policy. **No modifications to the document are allowed.**

- At least one payroll sheet must be used for each employee. Participants/representatives and employees shall be held responsible for the accurate reporting of time.
- Timesheets shall be completed in a clear and legible manner. A correction must be a single line through the mistake, with the initials of the person making the correction and date. No other correction marks are allowable. Inappropriate corrections may result in a Corrective Action Plan (CAP), and may result in a delay of processing the timesheet/payment.
- Complete the employer/employee timesheet on page one (1) as outlined below:
 - Employee responsibility -
 - Date service provided - list the dates of providing approved service(s);
 - Service provided - label approved service(s);
 - Time in/time out - list actual start time and end time with a.m. or p.m.;
 - Total time - list total time a service was provided on each day;
 - Total hours - list total hours provided for each service; and
 - Signature and date - original signature of employee and date signed;
 - Consumer/representative responsibility -
 - Signature and date - original signature of employer (i.e. consumer or representative) and date signed
 - Case manager may pre-fill the following to minimize error in submission -
 - Participant name - type first and last name as indicated on plan of care;
 - Employee name - type first and last name as indicated on plan of care;
 - If applicable, identification (ID) # - type MAID # for consumer, and provider # for employee;
 - Pay period - type start and end date of time period;
 - Employee address/zip - type address as indicated on plan of care;
 - Gross total amount for pay period - for each service, list appropriate billing code, hours, pay rates, and total amount; and
 - Signature and date - original signature of support broker and date signed.

Note: By signing - the participant/representative and employee certifies that all information is true and correct; the case manager attests that services documented are relevant to the plan of care and that prior authorization limits have been adhered to.

- Complete the service documentation on page two (2) as outlined below:
 - Case manager may pre-fill the following to minimize error in submission -
 - Participant name - list first and last name as indicated on plan of care;
 - Employee name - list first and last name as indicated on plan of care; and
 - If applicable, identification (ID) # - type MAID # for consumer, and provider # for employee;

- Employee responsibility -
 - For each date of service, document the following -
 1. A full description of the services that covers the entire shift; and
 2. Evidence of training or support that supports the outcomes in the plan of care.
- Multiple copies can be produced and attached to one (1) timesheet. Incomplete documentation of services may result in a CAP, and may result in a delay of processing the timesheet/payment.